

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **"Extended Interfaced, Soft-Foam, Solid, Under & Around Chin, Head Support System"** which

(check one) ☒ [X] is attached hereto.
[] was filed on _____ as
Application Serial No. _____
and was amended on _____

(if applicable)

1 I hereby state that I have reviewed and understand the contents of the above
2 identified specification, including the claims, as amended by any amendment
3 referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

1 I hereby claim foreign priority benefits under Title 35, United States Code,
2 § 119 of any foreign application(s) for patent or inventor's certificate
3 listed below and have also identified below any foreign applications for
4 patent or inventor's certificate having a filing date before that of the
5 application on which priority is claimed:

| Prior Foreign Application(s) | Priority Claimed |
|------------------------------|------------------|
| | |

[NONE]

Yes No

| (Number) | (Country) | (Day/Month/Year Filed) |
|----------|-----------|------------------------|
|----------|-----------|------------------------|

Yes No

| <u>(Number)</u> | <u>(Country)</u> | <u>(Day/Month/Year Filed)</u> |
|-----------------|------------------|-------------------------------|
|-----------------|------------------|-------------------------------|

Yes No

| <u>(Number)</u> | <u>(Country)</u> | <u>(Day/Month/Year Filed)</u> |
|-----------------|------------------|-------------------------------|
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I hereby claim the benefits under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and

the national or PCT international filing date of this application:

[NONE]

| | | |
|--------------------------|---------------|---------------------------------------|
| (Application Serial No.) | (Filing Date) | (Status-patented, pending, abandoned) |
|--------------------------|---------------|---------------------------------------|

| | | |
|--------------------------|---------------|---------------------------------------|
| (Application Serial No.) | (Filing Date) | (Status-patented, pending, abandoned) |
|--------------------------|---------------|---------------------------------------|

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

C. Emmett Pugh (Reg. #22,826)

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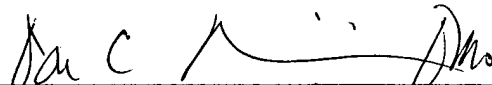
epugh@PATENTLAW.com

Address all correspondence to:

**C. Emmett Pugh
Pugh/Associates,
Patent & Trademark Attorneys
82 N. Main Street
Suffield, CT 06078-2102**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of Inventor: **Don C. WILLIAMS, DMD**

Inventor's Signature  Date 09-23-00
Residence: **New Orleans, LA** Citizenship **USA**
Post Office Address **9930 Lake Forest Blvd., Suite F**
New Orleans, LA 70129

Applicant or Patentee: Don C. WILLIAMS, DMD

Serial or Patent No.: _____

Filed or Issued: _____

For: **"Extended Interfaced, Soft-Foam, Solid, Under & Around Chin, Head Support System"**

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27(b)) - **INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled **"Extended Interfaced, Soft-Foam, Solid, Under & Around Chin, Head Support System"** described in

- ☒ the specification filed herewith
☐ application serial no. _____, filed _____
☐ patent no. _____, issued _____.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern, or organization
☐ persons, concerns or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27).

FULL NAME

ADDRESS

☐ INDIVIDUAL ☐ SMALL BUSINESS ☐ NONPROFIT ORGANIZATION

FULL NAME

ADDRESS

☐ INDIVIDUAL ☐ SMALL BUSINESS ☐ NONPROFIT ORGANIZATION

FULL NAME

ADDRESS

☐ INDIVIDUAL ☐ SMALL BUSINESS ☐ NONPROFIT ORGANIZATION

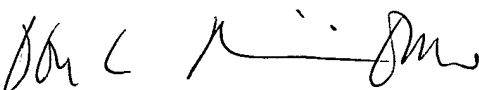
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity

status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.28(b)]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Don C. WILLIAMS, DMD

NAME OF INVENTOR



SIGNATURE OF INVENTOR

09-23-00

DATE